MaineDOT

CONSULTANT CONTRACT STANDARD INVOICE

Cost Plus Fixed Fee - Burdened Rate - Lump Sum

WORKBOOK GUIDE

(Microsoft Excel 2002)

EACH INVOICE SUBMITTED MUST:

1. CONTAIN DATA FOR ONE CONTRACT ONLY, INCLUDING MULTI-PIN DETAIL AS APPROPRIATE.

2. CONTAIN A "CONSULTANT INVOICE NUMBER" THAT IS UNIQUE TO THAT FIRM AND CONTRACT WITH NO MORE THAN 12 CHARACTER FIELDS USED (including punctuation and spaces).

3. INCLUDE SHEET 4 OF 5, SUBCONSULTANT DBE/WBE DETAIL, EVEN IF TOTALS ARE ZERO.

4. **INCLUDE THE SAME SUPPORTING INFORMATION ATTACHED TO THE INVOICE AS IN THE PAST.**

---

1) Yellow and pink colored cells are for data entry. Pink cells will need review or update with each invoice submitted, many yellow cells should only require data entry with the first invoice for a contract. Data for blue colored cells is derived by formula, or by link from another cell in the workbook.

2) It is suggested that you begin with **Sheet 2 of 5** Contract Data, adding Company and Contract information. Be sure to determine which "Yes/No" question in the upper left corner applies to your contract (Lump Sum contracts may have 2 yes answers). This determines which Summary Sheet (1A, 1B, or 1C) is filled with data. **Sheet 3 of 5**, Direct Labor Detail and **Sheet 4 of 5**, Sub consultant Detail should be self explanatory. Finally, **Sheet 5 of 5** breaks down invoice costs by MaineDOT PIN, including direct expense detail if appropriate. Totals from this Sheet are fed back to the appropriate Sheet 1; if they don't match direct labor and sub consultant data on Sheets 3 and 4 then an "Error" message appears.

3) Sheet 2 of 5, top right side, "Final Invoice?", must indicate either "yes" or "no" and should not be left blank. This not only aids processing, but also provides critical data for formulas and cells on other sheets.

4) The Workbook does not include an entry anywhere for the amount of Contract Fixed Fee being invoiced. **Sheet 2 of 5** Contract Data does require entry of the percentage of total contract fixed fee earned to date (% Complete To Date), in order to calculate the amount of fixed fee due on each invoice.

5) Overhead amounts are listed but not calculated by formula on **Sheet 2 of 5** Contract Data. This prevents rounding differences with local software programs. The cells are not protected, so formulas to calculate these values line by line can be inserted if desired.

MaineDOT

CONSULTANT CONTRACT STANDARD INVOICE

Cost Plus Fixed Fee - Burdened Rate - Lump Sum

WORKBOOK GUIDE - Continued

(Microsoft Excel 2002)

6) Sheet 3 of 5 does not require data for Lump Sum contracts unless you are submitting a final invoice.

7) Sheet 4 of 5, Subconsultant Detail, must always be completed whenever subconsultants are used, even with Lump Sum contracts.

8) Sheet 1C of 5 (Lump Sum) will show only a summary of labor, overhead and profit or lump sum costs with each invoice up to the final invoice. Final invoice submittal requires labor, overhead and profit breakdowns for the entire contract (See Note #9 below).

9) A new **Sheet 1CF of 5** (Lump Sum) has been added to summarize **labor, overhead and profit total effort values for the entire contract at final invoice**. These values are to be reported in detail on Sheets 2-5 as appropriate when submitting a Lump Sum final invoice.

10) **All Sheets** are password protected, but **Sheet 3 of 5** does allow local sorting of fields such as name and PIN.

11) The MaineDOT PIN field is preformatted to produce an 8 digit number in decimal format. Do not enter a decimal point. The last 2 digits entered must be the 2 digits to the right of the decimal (even zeros), but no decimal should be shown. Do not enter leading zeros.

12) The payment address can be entered directly on Sheet 1 if it is different than the firm address entered on Sheet 2. **It is very important that the Vendor/Customer # entered on Sheet 2 (if your firm has more than one) be the number associated with your desired payment address.**

13) Comment boxes have been added to a number of data entry fields to help clarify input intentions, or identify specific needs in those cells.

14) Function and Activity coding for PIN lines on **Sheet 5 of 5** is not mandatory to submit a completed invoice, but should be entered if known, especially for multiPIN projects.

Internal Use Only

Payment Type:
* Cost Plus Fixed Fee

State of Maine Department of Transportation
Transportation Building 16 State House Station
Augusta, Maine 04333-0016

In Account With

P.V. #:	
CT #:	
CSN #:	
Vendor/Customer #:	
TEDOCS #:	
Doc. Date:	
Doc. Type:	
OUC:	
Author:	

<= Firm Name

Street (PO Box)   <= Payment mailing
Town, State ZIP   address

Vendor/Customer # =>

Consultant Invoice Number: **Invoice Date:**
Invoice Period:
State Contract Number: Consultant Project #:
Project Contract Award Date: MaineDOT PIN:
Project Contract Completion Date: Federal Project #:
                                                                                              Project Name:

I hereby certify that the signature below is true and accurate. I further certify, if electronic, that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, and (d) is under the sole control of myself. **Initials:** _____

Signed: _____
Please Type: ***Name, Title***

	Amount Invoiced This Period	Total Amount Previously Invoiced	Cumulative Amount Invoiced To Date	Contract Amounts	Contract Balance
Straight Direct Labor =					
Straight Time Overhead =					
Overtime Direct Labor =					
Overtime Overhead =					
Sub Total Direct Labor + Overhead =					
Fixed Fee =					
Sub-Total: DL + OH + Fee =					
Direct Expenses *(see Sheet 5 of 5 for detail)* **=**					
Subconsultant Summary: ***DBE/WBE =>*** **yes/no**					
Sub-Total: Subconsultants =					
Total Invoice Amounts =					
TOTAL AMOUNT DUE THIS INVOICE					

Approved by: _____   Reviewed by: _____
MaineDOT Program/Project Manager   Date   MaineDOT Contract Specialist   Date
(Work performed as specified)   (Cleared for processing)

State of Maine Department of Transportation
Transportation Building 16 State House Station
Augusta, Maine 04333-0016

In Account With

Payment Type:
* *** Burdened Hourly Rate**
* *** Cost per Unit of Work**

P.V. #:	
CT #:	
CSN #:	
Vendor/Customer #:	
TEDOCS #:	
Doc. Date:	
Doc. Type:	
OUC:	
Author:	

<= Firm Name
Street (PO Box)   <= Payment mailing
Town, State ZIP   address

Vendor/Customer # =>

Consultant Invoice Number:
Invoice Period:
State Contract Number:
Project Contract Award Date:
Project Contract Completion Date:

Invoice Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Name:

I hereby certify that the signature below is true and accurate. I further certify, if electronic, that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, and (d) is under the sole control of myself. **Initials: _____**

Signed:

Please Type: **Name, Title**

	Amount Invoiced This Period	Total Amount Previously Invoiced	Cumulative Amount Invoiced To Date	Contract Amounts	Contract Balance
Straight Direct Labor =					
Straight Time Overhead =					
Overtime Direct Labor =					
Overtime Overhead =					
Sub Total Direct Labor + Overhead =					
Profit =					
Sub-Total: DL + OH + Profit =					
Direct Expenses *(see Sheet 5 of 5 for detail)* **=**					
Subconsultant Summary: **DBE/WBE => yes/no**					
Sub-Total: Subconsultants =					
Total Invoice Amounts =					

TOTAL AMOUNT DUE THIS INVOICE

Approved by:

MaineDOT Program/Project Manager   Date
(Work performed as specified)

Reviewed by:

MaineDOT Contract Specialist   Date
(Cleared for processing)

State of Maine Department of Transportation
Transportation Building 16 State House Station
Augusta, Maine 04333-0016

In Account With

Payment Type:

* Lump Sum

	Internal Use Only
P.V. #:	
CT #:	
CSN #:	
Vendor/Customer #:	
TEDOCS #:	
Doc. Date:	
Doc. Type:	
OUC:	
Author:	

<= Firm Name

Street (PO Box)   <= Payment mailing
Town, State ZIP   address

Vendor/Customer # =>

Consultant Invoice Number:
Invoice Period:
State Contract Number:
Project Contract Award Date:
Project Contract Completion Date:

Invoice Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Name:

I hereby certify that the signature below is true and accurate. I further certify, if electronic, that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, and (d) is under the sole control of myself. **Initials:** _____

Signed: _____
Please Type: *Name, Title*

	Amount Invoiced This Period	**Amount Previously Invoiced**	**Cumulative Amount Invoiced To Date**	**Contract Amounts**	**Contract Balance**
Lump Sum To Date =					
Direct Expenses (see Sheet 5 of 5 for detail) **=**					
Subconsultant Summary: *DBE/WBE =>* **yes/no**					
Sub-Total: Subconsultants =					
Total Invoice Amounts =					
TOTAL AMOUNT DUE THIS INVOICE					

Approved by: _____   Reviewed by: _____

MaineDOT Program/Project Manager   Date   MaineDOT Contract Specialist   Date
(Work performed as specified)   (Cleared for processing)

State of Maine Department of Transportation
Transportation Building 16 State House Station
Augusta, Maine 04333-0016

In Account With

Internal Use Only

P.V. #:	
CT #:	
CSN #:	
Vendor/Customer #:	
TEDOCS #:	
Doc. Date:	
Doc. Type:	
OUC:	
Author:	

Payment Type:
* Lump Sum

FINAL INVOICE

<= Firm Name
<= Payment mailing address

Street (PO Box)
Town, State ZIP

Vendor/Customer # =>

Consultant Invoice Number:
Invoice Period:
State Contract Number:
Project Contract Award Date:
Project Contract Completion Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Name:

Invoice Date:

I hereby certify that the signature below is true and accurate. I further certify, if electronic, that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, and (d) is under the sole control of myself. **Initials:** _____

Signed:

Please Type: **Name, Title**

	Amount Invoiced This Period	Amount Previously Invoiced	Total Contract Effort	Contract Amounts	Contract Balance
Lump Sum Final Invoice =					
Final Invoice Detail: Straight Direct Labor =					
Straight Time Overhead =					
Overtime Direct Labor =					
Overtime Overhead =					
Sub Total Direct Labor + Overhead =					
Profit =					
Sub-Total: Lump Sum =					
Direct Expenses (see Sheet 5 of 5 for detail) **=**					
Subconsultant Summary: **DBE/WBE => yes/no**					
Sub-Total: Subconsultants =					
Total Invoice Amounts =					
TOTAL AMOUNT DUE THIS INVOICE					

Approved by:

MaineDOT Program/Project Manager   Date
(Work performed as specified)

Reviewed by:

MaineDOT Contract Specialist   Date
(Cleared for processing)

Consultant Standard Invoice - Contract Data Entry Form

Final Invoice ? YES/NO =>

Contract Information

State Contract #	
MaineDOT Contract Sequence # (CSN)	
Consultant Project #	
Cost Plus Fixed Fee (Yes/No)	
Profit - *Paid as % of Labor+Overhead* (Yes/No)	
Lump Sum (Yes/No)	
Lump Sum for Labor+OH+Profit ONLY (Yes/No)	
Award Date	mm/dd/yy
Completion Date	mm/dd/yy

Current Invoice Information

Invoice Date =>	
Consultant Invoice #	
Invoice Start Date *(mm/dd/yy)*	
Invoice End Date *(mm/dd/yy)*	
% Complete To Date (FF or Lump Sum)	

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Title/Location:

Company Information

Firm Name	Name
Address	Street (PO Box)
	Town, State ZIP
Vendor/Customer #	*VC0000000000 or VS0000000000*
Firm Is DBE/WBE	

	Straight Direct Labor Amount	Straight Overhead Rate	Straight Overhead Amount	Overtime Direct Labor Amount	Overtime Overhead Rate	Overtime Overhead Amount	Profit Rate	Profit Amount	Fixed Fee N/A	Lump Sum N/A	Mileage Rate $/mile	Direct Expense Amount	Sub Consultant Amount	TOTALS
Contract Values:														
Original Contract	0.00	0.0000%	0.00	0.00	0.0000%	0.00	0.0000%	0.00	0.00	0.00	0.00	0.00	0.00	
Mod #1														
Mod #2														
Mod #3														
Mod #4														
Mod #5														
Mod #6														
Mod #7														
Mod #8														
Mod #9														
Mod #10														
Mod #11														
Mod #12														
Mod #13														
Mod #14														
Mod #15														
Mod #16														
Mod #17														
Mod #18														
Mod #19														
Mod #20														
Mod #21														
Mod #22														
Mod #23														
Mod #24														
Mod #25														
Total Contract Value														
Previously Invoiced Total														
Current Invoice Total														
Contract Balance														

CONSULTANT LETTERHEAD

Invoice Date:

Maine Department of Transportation - Standard Invoice

DIRECT LABOR DETAIL

Consultant Name:
Vendor/Customer #:
Consultant Invoice Number:
Invoice Period:
State Contract Number:
Contract Award Date:
Contract Completion Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Title/Location:

Summary of Direct Labor:

Individual		MaineDOT	Straight Direct Labor			Overtime Direct Labor			TOTAL Labor
NAME	**TITLE**	**PIN**	THIS INVOICE			THIS INVOICE			
			Time Unit	**Rate**	**Amount**	**Time Unit**	**Rate**	**Amount**	**Amount**
Name 1	Title 1	000000.00	0.000	0.0000		0.000	0.0000		
Name 2	Title 2								
Name 3	Title 3								
Name 4	Title 4								

Total Direct Labor =

CONSULTANT LETTERHEAD

Invoice Date:

Maine Department of Transportation - Standard Invoice

SUB CONSULTANT DETAIL

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Title/Location:

Consultant Name:
Vendor/Customer #:
Consultant Invoice #:
Invoice Period:
Contract Number:
Contract Award Date:
Contract Complete Date:

Summary of DBE/WBE Participation:

	Amounts This Invoice							Invoice Sub Total DBE/WBE Subs Only #1-7	Invoice Sub Total All Subs #1-7
DBE/WBE - yes/no =>									
Subconsultants #1 - #7 MaineDOT PIN	**Name Sub #1**	**Name Sub #2**	**Name Sub #3**	**Name Sub #4**	**Name Sub #5**	**Name Sub #6**	**Name Sub #7**		
000000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
INVOICE TOTALS #1 - #7									
Previously Invoiced									
Total Subconsultant Contract Amount									
Subcontract Balance									
Invoice Totals Subconsultants #1- #14									

Total Contract Amount =

	Value	Percentage	
DBE Subconsultant Contract Amount =		#DIV/0!	of Contract
DBE Subconsultant Program Commitment =			of Program
Accrued Contract Billings to Date =		#DIV/0!	of Contract
Accrued DBE Billings to Date =		#DIV/0!	of DBE Amount

CONSULTANT LETTERHEAD

Invoice Date:

Maine Department of Transportation - Standard Invoice

SUB CONSULTANT DETAIL *continued*

Consultant Name:
Vendor/Customer #:
Consultant Invoice #:
Invoice Period:
State Contract Number:
Contract Award Date:
Contract Complete Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Title/Location:

Summary of DBE/WBE Participation:

	Amounts This Invoice							Invoice Sub Total DBE/WBE Subs Only #8-14	Invoice Sub Total All Subs #8-14
DBE/WBE - yes/no =>									
Subconsultants #8 - #14 MaineDOT PIN	**Name Sub #8**	**Name Sub #9**	**Name Sub #10**	**Name Sub #11**	**Name Sub #12**	**Name Sub #13**	**Name Sub #14**		
000000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
INVOICE TOTALS #8 - #14									
Previously Invoiced									
Subcontract Amount									
Subcontract Balance									

CONSULTANT LETTERHEAD

Maine Department of Transportation - Standard Invoice

| PIN DETAIL |
| Overhead-Profit/Fee-Expenses |

Invoice Date:

Consultant Name:
Vendor/Customer #:
Consultant Invoice #:
Invoice Period:
State Contract Number:
Contract Award Date:
Contract Complete Date:

Consultant Project #:
MaineDOT PIN:
Federal Project #:
Project Title/Location:

				<= Labor + OH + Profit/Fee						Direct Expenses =>									
MaineDOT PIN	Federal Project Number	Town Name(s)	Fun/Act Coding	Straight Direct Labor Amount	Straight Overhead Amount	Overtime Direct Labor Amount	Overtime Overhead Amount	Profit % or % Compl	Profit or Fee Amount	Mileage Number	Mileage Rate	Mileage Amount	Travel	Postage Delivery Printing	Phone FAX	Other	Direct Expense Amount	Sub Consultant Amount	PIN Total This Period
000000.00																			
TOTAL INVOICE AMOUNTS => (Includes Sheet 5b if used)																			

**Invoice Direct Labor Totals Above Match
Those on Sheet 3 of 5 Direct Labor**

**Invoice Sub Consultant Total Above Matches
Total on Sheet 4 of 5 Sub Consultant**

MaineDOT PIN	Federal Project Number	Town Name(s)	Fun/Act Coding	Straight Direct Labor Amount	Straight Overhead Amount	Overtime Direct Labor Amount	Overtime Overhead Amount	Profit % or % Compl	Profit or Fee Amount	Mileage			Travel	Postage Delivery Printing	Phone FAX	Other	Direct Expense Amount	Sub Consultant Amount	PIN Total This Period
										Number	Rate	Amount							